

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

1. County of Apache
District of _____
Town of Vernon
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 54
County Registrar No. _____
Local Registrar No. N M Reggs

2. Full name of child Blyde Ivan Wilhelm (If birth occurred in a hospital or institution, give its NAME instead of street and number)
3. Sex of Child Boy To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? _____ 6. Date of birth Sept 20, 1924 If child is not yet named, make supplemental report, as directed.

7. Date of birth Sept 20, 1924 month day year

8. FATHER Full name Alvin L Wilhelm 14. MOTHER Full maiden name Effie Lewis

9. Residence (Usual place of abode) Vernon 15. Residence (Usual place of abode) Vernon
If nonresident, give place and state

10. Color or race white 16. Color or race _____
11. Age at last birthday 29 (Years) 17. Age at last birthday 33 (Years)

12. Birthplace (city or place) (State or country) Vernon Arizona 18. Birthplace (city or place) (State or country) Taylor Arizona

13. Occupation Nature of industry Farming and Stockgrower 19. Occupation Nature of industry _____

20. Number of children of this mother (a) Born alive and now living. (b) Born alive but now dead. (c) Stillborn. 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
Signature N M Reggs
(Physician or midwife)

Address Vernon Ariz
Month, day, year. Filed _____ 19 _____
Registrar. Filed Sept 27 to 25 N M Reggs
Local Registrar.
County Registrar.

365-920-532